

KIDNEY DISEASE PROGRAM OF MARYLAND (KDP)

List of Covered Drugs Classified by American Hospital Formulary Service

(AHFS) Therapeutic Class

NOTE: Proper drug classification into correct AHFS classes to be done by PC+BM as needed.

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AHFS	DRUG PRODUCTS
04:00	Antihistamines – Listed oral products only Diphenhydramine (M) Rx products only Hydroxyzine hydrochloride and hydroxyzine pamoate
08:12	Oral antibiotics – Listed therapeutic subclasses only
08:12.06	All oral cephalosporins*
08:12.07	All oral miscellaneous beta-lactam antibiotics*
08:12.12	All oral macrolides*
08:12.16	All oral penicillins*
08:12.18	All oral quinolones*
08:12.20	Miscellaneous anti-infectives – Listed oral products only: Sulfamethoxazole/Trimethoprim
08:12.24	All oral tetracyclines*
08:12.28	All oral miscellaneous antibiotics*
08:14.08	Oral antifungal antibiotics – Listed products only Fluconazole Ketoconazole Itraconazole See also Clotrimazole lozenges listed under 84:0408
08:14.28	Oral antifungal – Listed products only: Nystatin
08:16	Anti-tuberculosis agents – Listed oral products only: Rifampin Isoniazid ***
08:16.92	Sulfones - Listed oral products only: Dapsone ***
08:18	Antivirals *** - Listed oral products only: Acyclovir *** Ganciclovir *** and Valganciclovir (Valcyte) ***
08:30.08	Antimalarials – Listed oral products only: Quinine sulfate
08:36	All oral urinary anti-infectives
12:12	Sympathomimetic agents – Listed oral products only: Midodrine)
20:04.04 (M)	All oral iron containing preparations* (M) in u/d packaging whenever required - Rx products only

- 20:12.04 Anticoagulants – Listed **oral** products only:
Warfarin (13)
- 20:12.:18 Platelet Aggregation Inhibitors – Listed **oral** products only:
Clopidogrel bisulfate (Plavix) (13)
- 20:16 Hematopoietic agents *** - Listed **injectables** only in the specified brand:
Epoetin alfa***(Aranesp-brand only) – Epogen (N) **not** covered)
- 24:04.04 (M) Antiarrhythmic agents – Listed **single ingredient oral** products only:
Procainamide Hydrochloride *** (M)
Quinidine sulfate (M)
Quinidine gluconate (M)
- 24:04.08 (M) Cardiotonic agents – Listed **oral** products only:
Cardiac glycosides
Digoxin (M)
- 24:04.92 (M) Miscellaneous Cardiac Drugs – Listed **oral** products only:
All angiotensin converting enzyme inhibitors* listed as
miscellaneous cardiac drugs under 24:04.92* (M)
- 24:06.06 Fibrin acid derivatives: Listed **oral** products only:
Gemfibrozil
- 24:0608 All HMG-CoA reductase inhibitors* (13)
- 24:08 (M) Hypotensive agents – Listed **single ingredient oral** products only in the
following therapeutic or sub-therapeutic classes only:
All alpha-1 adrenergic blockers* (M)
Except Flomax (N) (not indicated for hypertension)
Vasodilators – Listed **oral** products only:
Hydralazine (M)
Minoxidil (M) – Topical form **not** covered
Centrally acting antiadrenergic agents – Listed **oral** products only:
Methyldopa (M)
Selective alpha-2 adrenergic agonists – Listed **oral** products only:
Clonidine – **oral and transdermal** products (M)
- 24:12.08 (M) Vasodilating agents – Listed products only:
Nitroglycerin-all dosage forms (sub-lingual, translingual,
transmucosal
Isosorbide dinitrate and mononitrate – **oral** products only(M) (1-3)
- 24:20 (M) All **oral single ingredient** alpha-adrenergic blocking agents* *(M)
(Note: Flomax now reclassified under 92:00 – **Not** covered)
- 24:24 (M) All **oral single ingredient** beta-adrenergic blocking agents * (M)
- 24:28 (M) All **oral single ingredient** calcium channel blocking agents * (M)
- 24:32 (M) All **oral single ingredient** renin-angiotensin system inhibitors * (M)
- 24:32.04 (M) All **oral single ingredient** angiotensin-converting enzyme inhibitors*(M)
(11)
- 24:32.08 (M) All **oral single ingredient** angiotensin II receptor antagonists* (M) except
Benicar (N)

- 28:08.04 Non-steroidal and inflammatory agents: Listed **oral** products only:
Celecoxib
Ibuprofen in strengths greater than 400 mg – oral single ingredient
indomethacin
- 28:08.08 Opiate agonists – Listed **oral** products only:
Acetaminophen with codeine
Hydrocodone with acetaminophen
Morphine sulfate
Oxycodone
Oxycodone with acetaminophen
Oxycodone with aspirin
Propoxyphene hydrochloride
Propoxyphene napsylate
Propoxyphene napsylate with acetaminophen
- 28:12.04 Barbiturates – Listed **oral** products only:
Phenobarbital
- 28:12.08 Benzodiazepines – Listed **oral** products only:
Clonazepam
- 28:12.12 Hydantoins (M) – Listed **oral** products only:
Phenytoin (M)
Phenytoin sodium Extended (M)
Phenytoin sodium. Prompt (M)
- 28:12.92 Miscellaneous anticonvulsants – Listed **oral** products only:
Cardamazepine
Divalproex Sodium
- 28:16.04 Antidepressants – Listed **oral** products only:
Amitriptyline
Fluoxetine
Paroxetine
Venlafaxine
- 28:24.08 Benzodiazepines – Listed **oral** products only:
Alprazolam
Ternazepam
- 28:24.92 Miscellaneous anxiolytics, sedatives and hypnotics – Listed **oral** products only:
Promethazine
Zolpidem
- 40:08 (M) Alkalinizing agents – Listed **oral** products only:
Sodium citrate and citric acid (Bactra, sugar free) **oral solution**
*** Rx
Citrates (citric acid monohydrate, potassium citrate monohydrate, and sodium citrate dehydrate) (Polycitra syrup, Polycitra LC sugar-free syrup***) * Rx
Potassium citrate monohydrate and citric acid monohydrate oral solution *** (Polycitra-K sugar-free) Rx

- 40:10 Ammonia detoxicants – Listed **oral** products only:
Lactulose
- 40:12 Replacement preparations – Listed **oral** products only
Phosphorous replacement products *** **All oral** products.
i.e. Uro-KP Neutral tablets Rx ***
K-Phos Neutral tablets Rx ***
Potassium chloride – Rx products (M)
Zinc sulfate – Rx (M) products
- 40:18.18 Potassium removing resins – Listed **oral** products only:
Sodium polystyrene sulfonate
Patiromer calcium sorbitex (Veltassa)
- 40:18.19 Phosphate-removing oral agents
Sevelamer 11CL (Renagel)
Sevelamer carbonate (Renvela)
Lanthanum carbonate (Fosrenol))
Sucroferric Oxyhydroxide (Velphoro)
Ferric Citrate (Auryxia)
Calcium Acetate
- 40:28 (M) Diuretics *** Listed **oral products, single ingredient** only:
Bumetanide *** (M)
Chlorothiazide *** (M)
Furosemide *** (M)
Hychlorthizade *** (M)
Metolazone *** (M)
- 52:40 Anti-glaucoma Agents – Listed **ophthalmic** products only:
Timolol ophthalmic (13) *** (HSN 011560)
Latanoprost (Xalatan) ophthalmic ***
- 52.92.00 EENT Drugs. Miscellaneous – Listed **ophthalmic** products only:
Brimonidine tartrate (Alphagan) ophthalmic ***
Timolol (HSN 01009)
- 56:08 Anti-diarrhea agents – Listed **oral Rx** products only:
Diphenoxylate/Atropine
Loperamide – legend drugs (M)
- 56:22 Anti-emetics – Listed **oral** products only:
Prochlorperazine
- 56:92 Miscellaneous Gi drugs – Listed **oral** products only:
Metoclopramide
1-12 blockers Rx products only
Proton group inhibitors Rx products only
- 68:04 Adrenals – Listed **oral** products only:
Methylprednisolone
Prednisolone
Prednisone

68:20	Oral diabetic agents *** including: injectable Rx products only
68:20.08 (M)	Insulins* (M) – injectable Rx products only
68:20.20 (M)	Sulfonylureas* and *** (M)
68:20.92	All miscellaneous oral anti-diabetic agents* (M)
84:04.04	Skin and mucous membrane antibiotics – Listed topical Rx product only: Mupirocin (Bactroban)
84:04.08	Skin and mucous membrane antifungal agents – Listed oral products only: Clotrimazole oral lozenges
84:92	Miscellaneous skin and mucous membrane agents – Listed products only: Podofilox (Condylox) 0.5% topical gel and topical solution***
88:08	Vitamin D – Listed oral , Rx products only: Calcitriol Doxercalciferol
88:28	Oral multivitamins preparations – Rx products only
92:00	Unclassified therapeutic agents – Listed oral products only: All oral bisphosphonates * and *** Allopurinol Azathioprine *** Colchicine – single ingredient only Cyclosporine *** Mycophenolate mofetil (Cellcept) *** Mycophenolate sodium (Myfortic) *** Sirolimus (Rapamune) *** Tacrolimus (Prograf) *** Envarsus (extended Prograf):

COVERAGE CODES

Any newly marketed oral products in these open therapeutic or sub-therapeutic classes will be automatically added to the KDP drug formulary *** Restricted coverage for renal transplant patients only.

(M) Maintenance medication(s) for certain chronic therapies. May be dispensed in up to a 100-day supply at a time – Applies to either the whole therapeutic class or the specific drug legend only.

Exclusions from the KDP Formulary

This list will be maintained by the PBM to include all future additions of participating drug manufacturers. All changes to the labeler codes and AI-IFS drug therapeutic classes will be updated automatically by the PBM.

Any existing or future products made by the following drug companies due to non-participation in the KDP Drug Rebate Program.

- Schering Corporation (labeler codes 00085 and 00369)
- Abbot Laboratories (labeler codes 00044 00074)
- Merck & Company (labeler codes 59591 00006)
- Wyeth-Ayerst Laboratories (labeler code 53124)
- Tap Pharmaceuticals (labeler code 00300)
- Warrick Pharmaceuticals (labeler code 59930)
- Sanol'i-Synthelabo Inc. (labeler codes 00024 00563 00955 08024)
- Upsher-Smith Laboratories (labeler codes 00024 00563 00955 08024)
- Monarch Pharmaceuticals (labeler codes 59229 61570)
- Wyeth with (labeler codes 00005 00008 00031 00046 00205 00206 00573 00641 57706 58394 59911)
- Daiichi Pharmaceutical Company, Ltd (labeler code 63395)
- Alcon Laboratories (labeler 00065 00996 61314)
- Salix Pharmaceuticals (labeler code 65649)
- Eisai Inc. (labeler code 58063 62856)